

UNITED STATES DISTRICT COURT

for the

NORTHERN District of OHIO

EASTERN Division

LONNIE THOMPSON

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

HENSLEY, et. al.,

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

1:23 CV 01656

(to be filled in by the Clerk's Office)

JUDGE BARKER
MAG JUDGE GRIMES

FILED

AUG 25 2023

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND

Received

AUG 22 2023

MaCI Cashier's Office

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	LONNIE THOMPSON		
All other names by which you have been known:	LONNIE THOMPSON		
ID Number	# 640-614		
Current Institution	MADISON CORRECTIONAL INSTITUTION		
Address	1851 state route 56, P.O. BOX 740		
	LONDON	OH	43140
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Ms. Hensley		
Job or Title (<i>if known</i>)	Health Care Administrator		
Shield Number	Mansfield Correctional Institution		
Employer	Ohio Department of Rehabilitation & Correction		
Address	1150 N. Main Street		
	Mansfield	OH	44901
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	Ms. Newland		
Job or Title (<i>if known</i>)	Nurse Practitioner		
Shield Number	Mansfield Correctional Institution		
Employer	Ohio Department of Rehabilitation & Correction		
Address	1150 N. Main Street		
	Mansfield	OH	44901
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 3

Name Dr. Ojukwu
 Job or Title (if known) Doctor
 Shield Number Mansfield Correctional Institution
 Employer Ohio Department of Rehabilitation & Correction
 Address 1150 N. Main Street
Mansfield OH 44901
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 4

Name Kelli Cardaras
 Job or Title (if known) Nurse Practitioner
 Shield Number Ross Correctional Institution
 Employer Ohio Department of Rehabilitation & Correction
 Address 16149 State Route 104
Chillicothe OH 45601
City State Zip Code
☒ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

-
- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
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III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____
-

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
-

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.
-

C. What date and approximate time did the events giving rise to your claim(s) occur? Through the complete years of April 2021 through August 2023

D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)* By all of the Defendant's in this complaint, their misdiagnosis, their inactions of treatment, their wanton disregard of my health and me complaining constantly about me have trouble with cramps in my lower abdomen. With all of my urine tests resulting with high concentrations of proteins, ketones and blood in it. With me constantly having urinary tract infections. Health Care Administrator Hensley telling my famil members who came to the Mansfield institution that I was being taken care of when she told me herself that there wasn't anything significantly wrong with me. Also telling me that I had a problem with anal retention. All of the defendants put me at risk with their wanton disregard for my well being and health. Even Columbus denied me to see the Urologist.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I sustanted a life long diagnosis of cancer of the bladder and prostate that must be treated with radiation and chemotheorpy for the rest of my life. I must now wear adult undergarments for semi uncontrollable, painful urination along with constant urinary tract infections. All of this could and should have been prevented if the medical staff at Grafton, Mansfield and Ross Correctional institutions would have done their jobs of listening, acting accordingly to my complaints and giving a serious intervention to what is now cancer. The defendant's deliberate indifference towards my care was and is unacceptable.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. That all of the defendants be held accountable for their actions, their inactions, their dereliction of their duties in their personal and official capacity. That they be demoted, if not fired. That policy be changed so that medical complaints be looked into more thoroughly and without prejudice. I request that a monotary loss of future earnings and health care be compensated for 25,000.000.00 That a lien be placed upon all property and assets owned by all defendants until this case is resolved and settled.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Grafton Correctional Institution from April 04, 2021
Manfield Correctional Institution from October 2021 through October 2022
and Ross Correctional Institution from October 2022 through August 2023.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance? Mansfield Correctional Institution and Ross Correctional Institution.

2. What did you claim in your grievance? That I was not receiving the correct diagnosis and I was not given the correct examination needed to prevent my final diagnosis of bladder and prostate cancer. The defendant's not thoroughly investigating my symptoms of prolonged burning, painful and bloody urinations was overlooked and disregarded as nothing. My Urinary Tract Infections were all tel tel signs of a much more underlying problem than the medical staff cared to know or even wanted to know about.

3. What was the result, if any? Of course, the State of Ohio agreed with the institutional medical staff that they were following the Department of Rehabilitation and Correction's policy when it came to my medical problem. Although their policy placed me in harm's way and resulted in me having bladder and prostate cancer which could have and should have been prevented had the medical staff taken into great consideration all of my complaining and all of my pre-symptoms that lead up to me having cancer.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.) I appealed to the main office in Columbus, Ohio's Department of Rehabilitation and Correction. My grievance has been completed within the State of Ohio's Department of Rehabilitation and Correction.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) Lonnie Thompson

Defendant(s) Tim McConahay, Warden

2. Court *(if federal court, name the district; if state court, name the county and State)*

Northern District of Ohio at Cleveland

3. Docket or index number

COA # 22-3412 - Originating Court : District 647-1:19-cv-00058

4. Name of Judge assigned to your case

Sara Lioi

5. Approximate date of filing lawsuit

01/09/2019

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition 10/31/2022

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

Case denied and dismissed

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

08/21/2023

Signature of Plaintiff

Lonnie Thompson

Printed Name of Plaintiff

LONNIE THOMPSON

Prison Identification #

640-614

Prison Address

1851 State Route 56, P.O. Box 740

London

City

OH

State

43140

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address